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ABSTRACT

A project explored the manpower issue termed "burnout" and the impact of this phenomenon on mental health service programs. (In the framework of this study burnout is defined as that state of non-productivity, non-motivation, and indifference which interferes with a worker's delivering services effectively.) Existing literature does not clearly discriminate the causes of this syndrome. However, similar behavior results when problems occur in any of three areas: (1) factors in the worker's personal life, (2) factors related to the nature of the work being carried out, and (3) factors related to the job conditions under which the work is carried out. Stressors in these three areas have independent origins but overlapping consequences. Examination of these stress source areas as they relate to mental health service personnel suggested a number of strategies to alleviate the burnout syndrome by reducing stress and increasing coping skills. Once the sources of stress at a particular organization are uncovered, jobs can be redesigned and organizational strategies can be used to intervene. These strategies include shorter hours in direct client contact, rotating assignments, developing procedures for joint handling of problems, developing mechanisms for staff support, and providing inservice training for required work skills. (MN)

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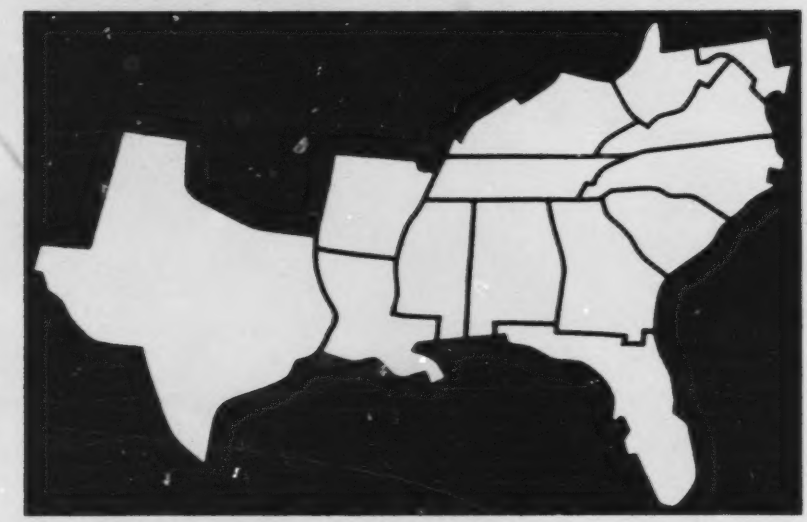
EMPLOYEE PERFORMANCE AND STATE MENTAL HEALTH MANPOWER DEVELOPMENT



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FOREWORD

In July 1977, the Southern Regional Education Board (SREB) was awarded a National Institute of Mental Health grant No. 5 T23 MH14775 to assist the 14 Southern states in developing their ability to implement mental health manpower policies and manpower planning. The initial product of the project was a publication, Concepts of State Mental Health Manpower Development, which outlined the roles and functions of a state manpower development program.

The next step was to describe specific manpower issues which could be examined in more depth. Several of these issues, e.g., productivity, staffing patterns, and competency assessment, were identified in collaboration with representatives of state mental health programs.

Another manpower issue so identified was called "burnout." To explore the varied meanings of "burnout" and the impact of the phenomenon on mental health service programs, a special task force was appointed by the project. The task force members reviewed the literature, debated the issues, and wrote short position papers on various aspects of the subject as it developed.

This document is our interpretation of their ideas and concepts. We wish to thank all the members of the group for their efforts. We also wish to single out Robert Roberts, Director of Research and Training, Florida Retardation Program Office, for his role in providing the task force with leadership and in assisting the project director in the writing of this publication.

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INTRODUCTION

Manpower development has been defined as the "sum total of activities designed or employed to increase the numbers and effectiveness of personnel engaged in delivering mental health services. . . ."[1] While many factors affect the ability of staff to perform effectively, the most difficult factors to clarify and measure are related to staff morale, attitudes, motivation, and satisfaction. In recent years the amount of literature and number of workshop presentations on the phenomenon called "burnout" has increased. The term apparently has some intrinsic meaning, as everyone seems to understand what is meant when a person says "I'm burned out." A burned-out staff or individual is generally described as non-productive, non-motivated, and non-caring and, as such, not effective in delivering services and helping clients.

While the word "burnout" has a high recognition factor, it is not clear what it is, what causes it, how to recognize it, or what to do about it. Even a cursory review of the literature regarding burnout quickly involves one in issues of job satisfaction, turnover, organizational climate, and the quality of work life. It is frequently difficult to separate these various issues, if indeed they are completely distinguishable, as the language used to describe the issues is generally imprecise. This publication summarizes some of the literature on burnout. The larger purpose, however, is to examine the performance of the workforce in order to identify factors which influence the ability to staff to work effectively. A general framework is proposed relating individual adjustment, job satisfaction, and burnout.

Definitions

A major barrier to any discussion or analysis of the impact of burnout on an individual or organization is the absence of a clear definition of the term. Many definitions of burnout, although clear, suffer from being either too limited in scope, or too general. For example, the following definitions of burnout appear in the literature:

- The experience of physical, emotional and attitudinal exhaustion resulting from the presence of stresses and absence of satisfiers in the work situation.[2]
- Burnout is to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources.[3]
- Burnout is a syndrome of physical and emotional exhaustion involving the development of negative self-concepts, negative job attitudes, and loss of concern and feeling for clients.[4]
- Burnout is becoming dissatisfied with one's job or with the perception of what one's job is or should be in terms of work performed, job autonomy, salary, or responsibilities given to the individual.[5]
- Burnout refers to three types of changes in attitude and behavior: (a) a decline in sympathy for clients, (b) a decline in idealism in the worker, (c) an increase in alienation from work.[6]

Part of the problem in defining burnout is a tendency to use circular definitions of the term. In the examples above, burnout is identified as "changes in attitude and behavior," or as "becoming dissatisfied with one's job," or as feeling "exhausted."

Measures of "attitude change," "job dissatisfaction," or "exhaustion" then become indicators of whether or not burnout exists, but because these

conditions can be caused by so many things, "burnout" may become simply a new buzz word for describing them. The literature makes little effort to separate the causes and effects of burnout from the measures of it. Generally, burnout is described as a negative state of feelings, attitudes, or behaviors which are variously ascribed to personal stresses, work stresses, or job stresses. Often these are so confused that it is not clear which are to be considered causes and which are effects.

A dictionary definition[7] of burnout is to "fail to give out by consuming or overtaxing one's energy, strength, or resources." This definition is implied in several of the definitions given above. It is helpful to understand that burnout can be a process as well as a static condition, and it is also useful to see burnout as distinct from other syndromes of personal maladjustment which are observed in workers, such as job dissatisfaction or frustration.

The context for our interest in burnout is manpower development and those activities which influence the effectiveness of personnel engaged in delivering mental health services. This directs attention to the worker, to the work that is done, to the job setting in which the work is done, and to the interactions between the work and the job. In the human service field, there has been little examination of these interactions. Similarly, while students of business and industry have investigated working conditions and worker performance in many areas, they have not always distinguished between "work" factors and "job" factors as they relate to the individual.

There are three major groups of factors which influence worker effectiveness:

> Work factors which are related to the nature of the work to be done in terms of its difficulty, perceived usefulness, skill requirements, personal satisfaction, and so forth.
>
> Job factors which are related to the organizational structure, supervision, communication pattern, salary and reward system, and other agency procedures which characterize the setting in which the work is done.
>
> Personal factors in the worker's life which are not job related but which may be manifested at work such as, alcoholism, marital problems, family conflicts, physical illness, mental illness.

Different types of work have different characteristics. The assembly line worker deals almost exclusively with "things" (e.g., tools, pieces of metal). A human service worker, on the other hand, deals mainly with people (clients) and data about clients. "Work" refers to the tasks and activities in which the worker is engaged. However, the tasks and activities of work take place in a job setting or environment. Thus, "work" is carried out through "jobs," which are structured by the organization to get the work done.

It is not always easy for the manager to separate the effects of personal, work, and job factors on employee performance. The manager or supervisor often sees poor performance or low morale as an employee problem which must be handled somehow without knowing what the cause is. However, a worker's performance can be affected by factors in his personal life so that previously acceptable job conditions (e.g., working hours, supervision) are now frustrating, and this leads to increased dissatisfaction and further impairment of the worker's performance. Despite these overlapping relationships between

personal, work, and job factors, it is useful to make a distinction among them because the strategies to remedy them or to prevent them can be substantially different. It is similar to the management of physical illness. Fever and headache are common in many illnesses; when treating patients with them, it helps to discriminate among such possible causes as food poisoning, typhoid fever, and influenza.

Some symptoms are more likely to result from certain factors than others. For example, absenteeism after a weekend may be the result of an alcohol problem, whereas mass "sick-outs" of employees are more likely the result of job frustrations.

In this publication, the term "burnout" refers to those circumstances in which the symptoms of apathy and exhaustion, negative attitudes, and loss of concern for the client result from work factors. Similar symptoms resulting primarily from personal factors are called "employee adjustment" problems. Those occasions in which similar symptoms result primarily from job factors are regarded as "job satisfaction" issues.

Although we are aware that any group of workers may be "at risk" of one or another of these syndromes, this publication will focus on mental health/human service workers. There is no doubt that budget analysts, airline pilots, and secretaries experience the same feelings and express the same behaviors that will be described for human service workers, but there are some unique conditions surrounding the human service helping process which distinguish it from other types of work. At the same time, mental health

clinical staff are not the only persons involved in the helping process; attorneys, policemen, nurses, teachers, and probation counselors are involved in similar client/helper interactions in varying degrees and are, therefore, also at risk of burnout.

Burnout Syndrome

Pines and Maslach[4] suggest that burnout should be viewed as a syndrome, i.e., as a set of signs and symptoms which occur together with sufficient frequency as to be identifiable. In physical medicine a sign is something that can be observed, such as a high fever, while a symptom is a subjective sensation reported by the patient, such as a feeling of nausea. The distinction between a sign and a symptom is more difficult to maintain for psychological issues than in medical practice. The following is a partial list of the many signs and symptoms associated with the burnout syndrome, as reported in the literature.

Signs	Symptoms
weight loss	self-doubt
ulcers	suspiciousness
high blood pressure	depression
irritability	poor concentration
insomnia	lack of concern for clients
fatigue	decreased job satisfaction
overconfidence	emotional exhaustion

Some additional behaviors are also frequently cited as evidence of burnout. These behaviors seem more general in that they occur in many work and job situations. The following is a partial list of such behaviors, as reported in the literature.

Individual Behaviors	Organizational Behaviors
longer or shorter working hours	high absenteeism
use of professional jargon	high turnover
increased stubbornness	low productivity
poor work relations	increased grievances
going by the "book"	excessive tardiness
negative attitudes	poor communication
decreased work performance	resistance to change

The multiplicity of these signs and symptoms reinforces the notion that identification of the sources of employee problems requires more than the casual observation that one or more of these characteristics exists. A high turnover rate may result as much from a low salary scale as it may from frustrating or unrewarding work. Poor communication may be a reflection of organizational structure as well as of employee dissatisfaction. The fact that individuals and organizations do react to different events with similar responses makes it difficult to determine which stimuli cause which worker behaviors.

Behavior Paradigm

In light of the complex set of interactions implied above, a conceptual framework that can relate workers' responses to personal, work, and job factors is useful. The theory of stress provides one such model: In essence, pressures in one's personal life, work, or job, can cause stress. The stress triggers a response, which can be either positive or negative. A positive, or healthy, response may be seen as one which maintains or increases worker motivation and performance if these responses lead to satisfactions and rewards. Or, the response to the stress may be behaviors that do not bring satisfaction or relief from the stress. In this case, the individual's morale,

motivation, and performance are likely to deteriorate, resulting in employee maladjustment, burnout, and/or job dissatisfaction.

Theories of social role performance and social adaptation also provide frameworks for viewing the individual in interaction with his or her environment. The person entering a job situation expects that certain needs will be met and that certain abilities will be used. The job situation in turn provides specific opportunities for need fulfillment and also makes specific demands on the individual. The interaction between the expectations of the individual with the opportunities and demands of the situation produces various levels of satisfaction and performance in the worker. Stress results when there is a significant incongruence in this exchange. The individual reacts with coping responses which may be successful or unsuccessful. It is proposed that problems result when these coping responses are unsuccessful to the degree that dissatisfaction and poor performance result.

Figure 1 suggests some of the possible variables in the person-work-job interaction. The employee's performance is judged both by the worker and by the organization. While these two judgments will generally agree, they can be very different at times. The worker may judge his performance as adequate, given the resources available, while the organization finds it unacceptable in terms of the performance that is expected. On the other hand, the organization may judge the worker's performance as superior while the worker perceives the work as not meeting his needs and is, therefore, dissatisfied. These discrepancies may lead to tension between the worker and the organization and may result in reactions by either or both parties.

Figure 1

PERSON		SITUATION		BEHAVIOR
Needs		Opportunities		
security affiliation esteem autonomy self-actualization	X	income self-esteem independence close-friend role helping role citizen role achievement	→	Level of satisfaction
Abilities		Demands		
knowledge skills attitudes values	X	productivity concentration skill-utilization problem-solving tolerance	→	Level of performance

Summary

This publication examines the phenomenon which has been loosely referred to as "burnout," noting that the term generally refers to a syndrome characterized by a worker's exhaustion, lack of motivation for the work, lack of concern and caring for clients, and may lead to a number of other concomitant effects, such as absenteeism, turnover, dissension, and low productivity. The literature does not clearly discriminate the causes of these effects. However, this publication proposes that similar behavior results when problems occur in any of three primary areas: (a) factors in the worker's personal life, (b) factors related to the nature of the work being carried out, and (c) factors related to the job conditions under which the work is carried out.

Each of these areas is examined separately, as the strategies for remediation and prevention frequently depend on understanding and addressing the underlying causes; however, full recognition is given the fact that interrelationships exist between these factors which cannot always be neatly cut apart.

In this publication, the use of the term "burnout" is restricted to those conditions which are the result of work-related factors--that is, conditions in which individuals lose their motivation and effectiveness for the kind of work they are doing, regardless of the job setting.

PERSONAL ADJUSTMENT AND STRESS

Many of the signs and symptoms of personal stress are similar to those of burnout. For example, boredom, vacillation in decision making, inattentiveness, irritability, unexplained dissatisfaction, forgetfulness, uncertainty about duties and roles, and behavior changes, such as loss of energy and appetite, allergies, increased alcohol use, are all cited as possible symptoms of stress.[8] The majority of stress research has been concerned with the individual's response to personal events. Many of these events are not work-related but the symptoms often show up in the individual's performance at work.

Stress was conceptualized originally as a sequence of physiological reactions which prepared the individual for "flight or fight" in response to external events. Examples of such stressors are high or low temperatures, wartime combat, athletic competition, physical injury, or other stimuli which required the organism to adjust to new circumstances. Hans Selye[9] popularized the concept of the "general adaptation syndrome" which described the physiological sequence of "alarm, resistance, and exhaustion" as the reaction to external "stressors." The external events which trigger the sequence are called stressors, and the stress reaction itself is manifested by physiological responses, such as change in blood pressure, metabolism, or gastric motility. There may also be changes in behavior that result from, or are concurrent with, the physiological responses. Generally, a variety of external stressors will

produce the same set of internal stress responses, i.e., the physiological response is viewed as non-specific to the particular stimulus. The physiological responses are essentially seen as attempts by the organism to reach a new biological equilibrium. However, there are some specific stressors which produce unique and specific responses, e.g., immersion in cold water will cause blood vessels to constrict.

While biological scientists focused on the effects of physical stressors, behavioral scientists focused on psychological stimuli as stressors in an attempt to discover correlations between specific personality traits and specific stress responses. This led to a search for precipitating life events and predisposing personality traits of individual stress reactions. The following ideas will serve as guidelines to our discussion of stress:

- Stress is usually a non-specific response of the body to a demand made upon it.
- Psychological stress results from a demand on the organism and requires the organism to make an adjustment.
- The stress response is the organism's attempt to achieve or restore balance.
- The environment presents a variety of stimuli (stressors) which make demands on the organism.

In a psychosocial context, stress may result from the frustration of a personal need (e.g., social approval), a requirement to behave in a certain manner (e.g., be non-aggressive), or the wish to accomplish a task (e.g., solve a problem). It is a common observation that people react to the stressors in their environments with a variety of physiological, psychological,

and behavioral responses, and that different people respond uniquely to similar stressors. It is interaction between an individual's abilities, experiences, expectations, and life events which influences the observed stress response.[10] Experts agree that although there is a connection between stressful life events and susceptibility to mental or physical illness, the specific mechanisms for this relationship are not always known.[11]

Sources of Stress

In order to manage stress effectively, some idea of the sources of stress is required. John Adams[12] presents a simple and heuristic classification of the sources of stress. The sources are categorized as job-related or non-job-related and as recent or ongoing. Holmes and Rahe[13,14] have investigated the effects of recent stress in response to life events through the Social Readjustment Rating Scale. Examples of life events are wife begins work, death of a family member, change of residence, or marriage, each of which requires some degree of adjustment by the individual. Recent is considered to be within the last six to 12 months. The association between life events and many clinical illnesses appears well documented. However, the degree of correlation (usually less than .50) indicates that life events do not predict most of the onset illnesses.

Ongoing events, both job- and non-job-related, are present in the day-to-day activities of persons, e.g., workload, interpersonal conflicts, physical illness, and require constant adjustment to those exposed. Because of the constant adjustment, the stress that results is likely to be related to routine job and work performance.

While either life events or measures of chronic stresses provide some indication of the risk of physical or mental illness in a population, the indicators do not predict which individuals will respond in productive or unproductive ways. For example, studies show that high life-change scores are more frequent in depressed persons than in normal persons; however, most people with high life-change scores do not develop depression or any other mental symptoms. This suggests that there are additional factors which influence the effects of stress on the individual. The specific response appears to depend on the situation and the individual's vulnerability.

The concept of stress is useful for understanding the problems of employee adjustment, and for understanding the signs and symptoms of burn-out and/or job dissatisfaction. In the case of stressors in one's personal life (e.g., illness, divorce, death of a loved one), the manager must recognize that the individual's performance is not likely to be resolved by changes in work or job conditions and assist the employee to find resources which can help in handling the stress. On the other hand, if the stressors lie within the individual's work or job situation, then the manager must look within his own organization for strategies to reduce the stressors or help employees to cope with them.

Summary

Stress, then, is seen as arising from a variety of life events. The stress response is mediated by personal characteristics, situational factors and the coping abilities of the individual. The physiological and psychological results of this sequence are the observed signs and symptoms of stress.

The person's coping mechanisms may be successful or unsuccessful in dealing with the stress. In either case the ultimate outcome has some effect on behavior, health, work satisfaction and/or interpersonal relations. It is not our intent to resolve the many conceptual and methodological issues involved in studying stress, but to suggest the possible connection between stress and behavioral outcomes. It is not possible or desirable to avoid all stress; therefore, a person needs to develop techniques to reduce intense stress and/or increase one's resistance to or ability to cope with it.

JOB SATISFACTION

A concept which has received considerable attention in personal administration and business literature is job satisfaction. However, there is not an agreed-upon definition of the concept. "Job satisfaction," "staff morale," "job attitude" and similar terms are used interchangeable and without precise meaning. In its simplest form, job satisfaction is defined as the feeling a worker has about his or her job and, used in this way, includes both favorable and unfavorable attitudes about the work and the job. The literature on job satisfaction does not make the distinction between work and job. Therefore, this brief review of the literature includes findings which are a mixture of both work and job factors as defined in this publication.

Most job satisfaction research has been conducted in the context of business and industry. Only recently has research been extended to the human services and public services.[15,16,17] The importance of assessing job satisfaction is based on the premise that "a happy worker is a good worker." This derives from a variety of theories about what motivates workers,[18] and had led to a variety of procedures designed to increase worker satisfaction, e.g., higher salaries, fringe benefits, promotion ladders, and incentive programs. At this time the relationship between job satisfaction and worker

productivity has not been established. High job satisfaction scores for workers are not necessarily indicative of high levels of production of goods and services.

However, there are other reasons to study worker satisfaction. First, human service work involves the use of staff persons to influence and motivate the clients. If the workers are dissatisfied, this dissatisfaction is likely to be transmitted to clients and affect the quality of the results. Therefore, knowledge of what satisfies workers is important to the manager. Second, issues related to the quality of life have become important in contemporary society. This concern extends to the quality of work life[19] so that employers are redesigning job environments and work through "job enrichment" programs.[20] Knowing what satisfies or dissatisfies workers is a component of this activity.

Maslow's theory of needs[21] focuses on what workers feel their needs are and the degree to which these needs are satisfied. Herzberg[22] focuses on characteristics of the job and how they affect the worker's attitudes about both work and job. Although neither theory is completely supported by available research, the major findings include:

- Affiliation and self-actualization needs are important to workers once basic survival needs are met.
- Some job characteristics are "dissatisfiers" when absent, e.g., good supervision, pay, congenial co-workers, although their presence does not assure satisfaction. Some job characteristics are "satisfiers" when present and serve to motivate workers, e.g., responsibility, recognition, rewards.

- Each theory of motivation or need fulfillment applies to some people but not to all.

- A specific work characteristic can be a satisfier, dissatisfier, or neutral, depending on the characteristics and perceptions of the individual.

Job Satisfaction/Dissatisfaction

Whatever the sources of worker satisfaction or dissatisfaction are, and the mechanisms for linking job conditions to worker behavior, some links between job characteristics and measures of satisfaction can be documented. Glasscote[23] surveyed mental health centers and identified the following sources of positive and negative attitudes of staff:

Satisfiers	Dissatisfiers
work with patients	administrative practices
staff associations	fellow staff members
new approaches to treatment	treatment programs
learning experiences	salary
community orientation	workload

Dehlinger and Perlman,[15] after reviewing the previous research, summarized their findings as follows:

- Satisfaction is high for young employees immediately after employment. It tends to drop sharply in a few years and is then followed by a slow climb.

- The effect of education levels on satisfaction is equivocal. However, the primary variables assumed to be related to satisfaction are the need for autonomy, responsibility, independence, and achievement which are characteristics most frequently found in highly educated employees.

- Lower level employees are usually found to be more "dissatisfied" than higher level employees.

- Administrative practices are related to satisfaction levels.

- When interpersonal and friendship needs are fulfilled by the work group, satisfaction is found to be greater.
- Dissatisfaction is high in workers concerned with job security.
- Salary is more or less important depending on the socio-economic level of the employee.
- Greater freedom in communication usually results in greater satisfaction.

Cherniss and Egnatios[24,25] studied the level and sources of job satisfaction in a sample of mental health workers. Their findings indicate that:

- There are low levels of job satisfaction in community mental health workers when compared to other workers in the labor force. The degree of satisfaction was measured with respect to the work itself, supervision, and co-workers. (They did not make a distinction between work and job factors.)
- Primary sources of satisfaction are found in the worker's sense of accomplishment and in using one's skills effectively to achieve worthwhile goals. (These are work factors.)
- Dissatisfaction seems directly related to turnover.
- Primary sources of dissatisfaction are related to excessive paperwork, ambiguity of goals, role conflicts, lack of utilization of skills and lack of feedback regarding results. (These are a mixture of work and job factors.)

A similar study by others[16] supports the finding that community mental health workers, particularly men, are less satisfied than other groups of workers. Despite low levels of satisfaction, mental health professionals reported that their positions provided them with feelings of accomplishment, responsibility, freedom of judgment, and use of initiative--characteristics which have been judged to increase job satisfaction. To explain the discrepancy between favorable perceptions of the position and low satisfaction,

the authors suggest that much mental health work does not meet the expected needs of the professional, whatever they might be, although it fulfills other needs. Much of the reported dissatisfaction may then be based on the lack of fulfillment of expectations that the professional brings to the job and work situation.

This summary of job satisfaction research is intended to give a general idea of the factors thought to be important in such research. As with the literature on burnout and stress, that of job satisfaction reveals inconsistencies in definitions; the various concepts overlap; and the interactions between the individual and the job/work environment are complex. Almost all of the studies are correlational in nature precluding any firm analysis of what is "cause" and what is "effect."

A simplified theory of worker behavior is that factors in one's personal, job, and work life result in various degrees of stress. While some degree of stress is needed for motivation and performance, too much stress results in responses which are associated with the syndromes of personal maladjustment, burnout, or job dissatisfaction. The organizational structure and climate can exacerbate or moderate this stress, and it is a manpower development function to be aware of the signs and symptoms which indicate something is wrong, to identify the source(s) of stress, and to recommend actions to modify or manage these stressors.

Role Variables

A recent article[26] describes the effect of three "role" variables--role conflict, role ambiguity, and role overload--as sources of stress and

dissatisfaction among management level staff in an industrial setting. Role conflict is defined as the perception of incompatible demands on the workers; role ambiguity is the perception of inadequate information about the functions of the job; role overload is the perceived lack of resources to meet the job demands.

The findings indicate that role ambiguity is the largest contributor to job anxiety, job involvement, and job satisfaction scores. In addition, as role conflict increases, job satisfaction decreases. Role overload is related to increased job anxiety. Conflicting role requirements, inadequate information, lack of opportunity, and routine work create dissatisfaction, anxiety, and lack of job involvement. These effects have been shown to be different at high and low levels in the organization. It is also likely that there are different effects among individuals, depending on their personal needs and abilities.

This research was conducted in an industrial setting where levels of workers and positions may be more clearly defined than in a human service agency. However, there are some interesting parallels. Mental health agencies contain a mix of highly educated and less highly educated workers. In many mental health agencies the incumbents of lower level positions have the greatest amount of contact with the clients, and also may suffer the most from role ambiguity, overload, and have less autonomy and variety in their work. It is also the lower-level positions which frequently show the greatest turnover rates and dissatisfaction scores.

On the other hand, professionals in such agencies enjoy more organizational autonomy, responsibility, and variety, and frequently have less client contact. They are affected by role ambiguity and work overload, but they also have more organizational options open to them to mediate the stress. Interestingly, when professionals are in direct care situations, they report increased stress resulting from inadequate skills, lack of knowledge about client progress and/or outcome. The role conflict factor is found to affect both high and low levels of workers in similar ways.

These results agree with the common sense notion that people select jobs which fit their personalities, abilities, and expectations. It also agrees with the notion that people are stressed in positions in which they do not know what to do and/or in which they have a lack of skills and/or in which they feel locked in. The client/helper relationship appears to have some unique role conflict, ambiguity, and overload characteristics which are in addition to any organization-induced job stress.

Measuring Job Satisfaction, Burnout, and Personal Adjustment

It is difficult to differentiate among the syndromes that result from stress and the measures used for assessing the phenomena. If an investigator is interested in job satisfaction, the measures are titled "job satisfaction" scores. For another investigator, similar measures may be titled "burnout" scores. In a third study, they are called "personal stress" scores. The relationship between these similar measures is unknown.

One study which attempted to illuminate these relationships[27] explored the hypothesis that stress may be caused by the presence of negative conditions

or the absence of positive conditions in personal life and work (no distinction between work and job) and that each type of stressor is independent of the other. Personal life and work satisfaction were measured by an attitude scale.[28] A measure of "tedium" was obtained by a questionnaire developed by the authors. "Tedium" is described as consisting of "physical, emotional, and attitudinal exhaustion." This definition is similar to the description of burnout. Some of the negative work and life conditions investigated were work overload, physical danger, demands to prove oneself, and guilt; some of the positive conditions were autonomy, success, and variety.

The findings indicate that job satisfaction/dissatisfaction is more highly associated with the presence of positive conditions than with the presence of negative conditions. That is, job satisfaction was highly related to such positive job conditions as autonomy, work significance, feedback, and reward, but not highly correlated with negative conditions. However, when "tedium" was the examined variable, the presence of negative conditions and the absence of positive conditions both contributed to high scores. The authors concluded that positive and negative conditions operate relatively independently as sources of stress in producing "tedium" or satisfaction.

"Tedium," as described in this study, and burnout are similar concepts and may be effected by the same stressors. The study did not make a distinction between work and job, but many of the negative factors were related to demands made on the individual (work), while the positive factors were related

to opportunities and rewards (jobs). The findings from this study suggest that burnout may be due to the presence of negative conditions in the client/helper relationship and the relative absence of positive work factors. However, the presence of positive job factors may still produce a degree of satisfaction for the worker. These positive job conditions may include the opportunity to move up in the organization, attaining greater organizational rewards, or achieving a decision-making position. If such rewards are blocked, the worker may then be at greater risk of burnout.

It should be reiterated that stress has both positive and negative effects. Managers are faced with the need to balance positive and negative conditions in order to provide a work/job environment within which workers can be productive and also most satisfied.

Summary

As the literature does not distinguish between work and job conditions as personal stressors, current research findings are not very useful in relating specific stressors to specific consequences. It seems most useful; at this time, to consider that personal stressors, job stressors, and work stressors have independent origins but overlapping consequences.

BURNOUT AND THE HELPING SERVICES

In this publication we have limited the use of the term "burnout" to those situations in which the symptoms of exhaustion, apathy, and lack of caring in workers occur as a result of stresses in the work/worker relationship. There are several elements of this relationship which may contribute to the syndrome of burnout. These are:

- the nature of the individual worker
- the nature of the work
- the nature of the client

These elements interact whenever human service workers work with clients regardless of the job setting in which the work is done. The job setting may be an independent practice or a bureaucratic agency. While job factors may increase or decrease the stress that a worker experiences in his or her work, it is still important to separate the job factors from the work factors, because the work/worker/client relationship is the key element in delivering human services. In order for there to be a favorable outcome in most human service work, it is essential that the client understand and participate in the process (e.g., taking the medicine, participating actively in psychotherapy, trying new patterns of living). This requires a certain set of values, attitudes, motivations, and expectations in the worker independent of the specific therapeutic techniques used. If the worker is burned out and

cannot sustain positive motivations and helpful expectations, the interactions with clients are not likely to be successful.

This relationship of work/worker/client is rather unique to the human services and is poorly understood. Generally, a positive work/worker relationship alone is sufficient in producing goods and services. Such a relationship is required in sales work and other occupations, but a positive relationship is critical to the delivery of human services.

Nature of the Individual

In looking for specific sources of burnout in the human services, there is a tendency to focus on the individual and, consequently, to search for personality traits that predispose a worker to burnout. Since not all people burn out, it is deceptively easy to attribute a worker's low productivity, increased irritability, absenteeism, or lack of concern to personality traits. This leads to a variety of psychodynamic interpretations of why one person burns out in a given situation and another person does not. Such interpretations are familiar to mental health professionals, as this is the model most frequently used to explain the deviant behavior of clients. This tendency is reinforced by organizational managers and supervisors who often see poor worker performance in terms of problems in people rather than as problems in the work or job conditions.

Maslach,[30] who has investigated the burnout phenomenon for several years, comments:

> Although personality variables are not irrelevavant in our overall analysis of burnout, I am forced by the weight of my research data to conclude that the problem is best understood (and modified) in terms of the social and situational sources of job-related stress. The prevalence of the phenomena and the range of seemingly disparate professionals who are afflicted by it suggest that the search for causes is better directed away from the unending cycle of identifying "bad people" and toward uncovering the operational and structural characteristics in the "bad" situations where many good people function. (p. 14)

In this vein, if personality variables are not irrelevant, what are some of the suggested relationships between individual traits and burnout?

- A highly dedicated human service worker tends to work long hours in very intense situations and thereby becomes exhausted.[31]
- A person with a "need to give," whether for social approval or adequate self-esteem, tends to overcommit time and energy and becomes exhausted.[32]
- Human service practitioners often use professional work as a substitute for social life and, consequently, become over-involved in their work, its successes and failures, and become overloaded with these issues.[4]
- A professional person may need to be in such control of his/her clients and the therapeutic environment that he/she becomes overloaded.[4]

While this list suggests some traits which may predispose a person to burnout, it does not predict who will burn out and who will not. Research indicates that there are some demographic or personal characteristics (as distinct from personality traits) which are correlated with the signs and symptoms of burnout.[2,4]

- Workers with greater formal education and/or higher organizational rank are more pessimistic about the effectiveness of clinical services and are more apt to see mental illness as self-caused. This perception of clients is cited as a symptom of burnout.

- The longer people have worked in human services, the less successful they feel in working with clients and, consequently, the more likely they are to suffer loss of self-esteem and idealism.

- Workers who feel successful with clients are found to be more positive about themselves, their jobs, and clients.

- Marital status, sex, and age of staff members have been shown to be related to different degrees of burnout. In this instance, females, singles, and persons under 20 years of age had higher burnout scores.

The correlation of personal characteristics with burnout scores is not particularly surprising. One expects some relationship between individual characteristics and any human behavior in which one is interested. The characteristics of age, sex, marital status, and education have all been found to relate to a wide array of psychosocial behaviors. Frequently, however, it is not known "why" such relationships exist. However, demographic data allows for the initial identification of high risk groups and helps focus the search for "why."

While burnout symptoms occur in a broad range of occupations, our concern here is with the human service worker. We need to learn "why" a human service worker may be a higher risk for burnout than another type of worker, and we need to identify the unique characteristics of the human service worker, and the work which may lead to the syndrome.

An analysis[6] of some of these issues has been put forward under the heading of "professional mystique." For these authors, the burnout syndrome is characterized by (1) a decrease in sympathy for, and tolerance of, clients; (2) a decrease in idealism and optimism, and (3) increasing alienation to and withdrawal from work. These authors describe two interrelated factors which may be a source of burnout among human service workers. The first is the nature of human service work; the second is the nature of the expectations built into human service professionals which predispose them to the burnout syndrome.

These authors identify six attributes which characterize human service professionals. These attributes constitute the "professional mystique" which in turn prompts many people to choose the human services as their life work. These expectations are strongly supported and reinforced by training programs which prepare people for human services.

The first attribute of professionalism is autonomy. It is commonly believed that professionals have considerable degrees of freedom and control over the decisions which are associated with their work. The second attribute is the belief that professional work is interesting, challenging, varied, and fulfilling. A third attribute is the presumption that professionals are competent because they have credentials based on lengthy training and testing. Another attribute of professionalism is collegiality, which is a special sharing of interests, ideals, and comradeship among peers. The fifth attribute is the expectation that clients will be appropriately deferential toward

professionals, and that they will be truthful, cooperative, and grateful that the professionals are helping them. The last and perhaps most important attribute of the mystique is the professional's humanistic attitude toward the client. The human service professional is expected to be sympathetic, tolerant, understanding, and objective as well to treat all clients with equality and compassion.

These six attributes make up the image of an "ideal" human service professional. The image generates a pervasive set of expectations in the practitioner and in the community at large. However, these expectations are rarely realized. The probabilities are especially low if the practitioner is employed in a large public institution, because of the many administrative, procedural, and bureaucratic pressures which tend to rob professionals of much of the freedom and control of decisions related to their work. Research data tends to support this; professionals often perceive themselves to have less autonomy than many blue-collar workers.[6] In addition, many professionals perceive their power to change their work/job environment to be extremely limited. Professionals find their day-to-day work routine unchallenging and with little personal fulfillment. The range of professional tasks assigned to workers can be relatively narrow in scope due to the high degree of specialization in some agencies. Often the professional "calling" becomes just another way to earn a living.

New practitioners, whether in independent practice or in large bureaucracies, quickly learn that credentials do not make them competent to carry out all of the work. The effect on the worker is to promote a sense of doubt

about one's ability and effectiveness, but because of the assumption of competence that comes with professional credentials, it may be most difficult for the practitioners to express these doubts about their work.

Instead of the expected collegiality, professionals often find competition with their peers. In addition, human service professionals are often surprised to discover that clients do not trust them, do not comply with advice or instructions, and frequently perceive the professionals to be just another part of a system that is interfering with their lives. It should not be surprising that some human service professionals find it difficult to maintain their humanistic orientation toward clients under these conditions.

It is not only employees of public agencies who are affected by the "mystique." The private practitioner's career is based on seeing clients and charging fees for service. It is not difficult to imagine that private clinical practice can become a series of "court referrals" or "depressed housewives" or "alcoholics" who offer very little variation in routine and little collegiality. In some instances there may be little challenge in the use of professional skills. The inability of independent practitioners to get away from their cases is often given as a reason for leaving their practices for jobs in agencies or academia.

It should be noted that the attributes of the "professional mystique" are a mixture of job factors and work factors. Presumed competence, expectation of client deference, and humanism are work factors. Collegiality and autonomy are more nearly job factors. However, in all cases, it is the discrepancy

between expectations and actuality which becomes the source of stress. If a practitioner feels "forced" to continue in a situation while expectations and actuality are in conflict, the stress becomes chronic.

Nature of the Job Environment

Because "work" is embedded in a "job" we need to examine the job environment to understand better the nature of the work. The requirements of public human service agencies contribute more than a little to tarnish the expectation of the "professional mystique" for new professional workers starting their service careers. Service agencies are labor intensive with 70 to 80 percent of the total budget allocated to salaries of employees. This means that the primary task of the manager of a human service agency is to manage staff to produce a maximum of services and revenue. Human service agencies typically produce "soft" outcomes whose value is diffucult to measure, for example, the outcome of pyschotherapy. Thus, the mental health and the human service delivery systems focus on the services delivered to clients (i.e., hours of psychotherapy, number of treatments). Worker time and compensation are based on services delivered rather than on outcomes, which does not assist the practitioner or the agency in establishing a set of outcome expectations. The natural variation in client characteristics, skill, and experience of the practitioners and support services available almost precludes the possibility of specifying what outcome is to be anticipated as a result of providing any specified amount of services.

The human service practitioner appears to be in the position of having to choose between two undesirable options. The first is to manage his or her

time and resources with some degree of precision at the cost of not being able to specify client outcomes with comparable precision. This leaves workers without a sense of accomplishment, which otherwise is an intrinsic reward for workers. The potential result of lacking a feeling of accomplishment is a decrease in motivation. The second option is to specify client outcomes with some degree of precision, but at a cost of not being able to anticipate and manage the time and resources required to meet these outcomes because mental health workers seldom are able to specify exactly how long it will take to achieve specific client objectives. If practitioners are evaluated only on the basis of goal attainment, it is likely that those workers who have responsibility for severely disabled or chronic clients will be "unsuccessful." The shifting demands on the worker for effectiveness (outcome) and for efficiency (resource management) set up a condition of potential stress and perhaps burnout.

The two factors, the "professional mystique" and the "soft" objectives of human service work combine to produce a third job-related stress factor, i.e., the conflict between effectiveness and efficiency. Many professionals who were initially attracted to human service work with missionary zeal tend to lose their idealism in face of the fact that they cannot achieve specific "cures" in many cases. Over time, idealism may be replaced by cynicism. For many professionals, helping others is seen initially as a major source of status, self-esteem, accomplishment, and self-actualization. When they find they are unable to be completely successful in their helping, there is a strong tendency to withdraw from the work psychologically and/or physically because the rewards are no longer there.

Human service professionals thus may have an unrealistic set of expectations as they enter their field of work. Because of the idealized image of the "professional," little attention has been paid to the professionals' personal support system or their orientation toward their work. Unrealistic expectations set-up professionals for disappointment and feelings of inadequacy which exhaust their supply of energy and lead to negative behaviors toward clients, organizations, and themselves. Confronted with an unrelenting day-to-day caseload, complex problems of clients, demands for record keeping, and little support from their peers, many professionals gradually become insensitive, cold, and/or openly hostile towards their clients. Maslach[33] describes the withdrawal from clients as if there was a ". . .higher and higher emotional overload. Like a wire that has just too much electricity, the worker emotionally disconnects." When this occurs, the workers do not behave as expected by the "professional mystique" and are in conflict with their own self-image. That in itself produces more stress.

While the comments in this section have been about professionals and the "professional mystique," paraprofessional workers also face similar stresses, although with different intensities. Paraprofessionals may not rely as much on work for self-esteem but still dislike feeling incompetent or not in control of their work. They do not command the salaries of professionals, but they are likely to be held responsible for client behavior or incidents that occur while they are on duty. Work conditions thus affect workers at various profesional levels differently, but all are affected nevertheless.

Nature of the Work and of Clients

Some of the characteristics of the helping services are suggested in the preceding section, e.g., uncertain outcome of efforts, conflicts between working for effectiveness or efficiency. The primary characteristic of the helping process is that the "helper" is closely engaged with other people--the clients. Managing "people" is a higher risk undertaking than the management of "things" and carries with it a greater sense or responsibility.

Clients often request help for very complex problems. These problems may involve issues of unemployment, criminal behavior, permanent disability, and/or chronic mental illness which the "helper" can do little to correct. Human service workers may frequently feel that, to paraphrase Harry Truman, "All the easy decisions have been made by the time the client gets to me." The helper is faced with complex problems that often have no easy answers but for which the worker feels responsibility. Almost by definition the client/helper interaction focuses on problems and frustrations which may dominate the entire relationship. In addition, the human service worker may be in situations which are life-threatening, as in crisis care and suicide prevention programs.

Mental health practitioners often cannot select their clients. They are "forced" to deal with them as they come, whether the workers find the clients personally obnoxious, difficult to relate to, or beset with problems the workers feel unable to resolve. In such situations the workers feel their competence, sense of accomplishment, and esteem are challenged and eroded.

It can be assumed that as the number of clients with whom a mental health practitioner establishes relationships increases, the opportunity for such stressful challenges also increases. Indeed, Maslach[30,33] found that longer working hours were associated with stress only when the hours involved further direct contact with clients. With an increasing number of clients several other things happen which test the worker's coping abilities. Each client represents a different problem which requires the worker to shift from one problem-solving mode to another. The worker is expected to be in touch with each individual's needs and be responsive to each client's feelings, almost on an assembly line basis. In such a situation, it is not surprising that a helper may feel the task is tiring and impossible.

Added to these complex problems is the absence of positive reinforcers from the clients. The likelihood of obtaining positive feedback about the effects of one's performance is less in these situations than in others. Clients expect the practitioners to be calm, respectful, and understanding even if the clients themselves are not. "Working with clients" is frequently cited as a primary source of satisfaction by professionals; therefore, favorable client reaction is an important issue for workers' sense of worth and self-esteem. However, mentally ill clients frequently provide negative reactions and resistance and seldom provide appreciation for what the workers have done. With large caseloads there may be limited time to develop close relationships with clients or to develop continuity of relationships. The largest single proportion of clients in community mental health centers are reported to attend only one session, and many community mental health programs

report relatively high dropout rates. Those persons who decide not to return, frequently disappear with no clues as to whether the worker has been helpful in dealing with their problems or not. Thus, practitioners face a pattern of clients who provide little feedback regarding the services rendered or clients who are seen many times but show little improvement.

There are other, more subtle, dimensions of the client/practitioner interaction which should be mentioned. The current emphasis on matters such as client rights (e.g., the right to informed consent and the right to refuse treatment) and the emphasis on peer review are eroding some of the traditional authority and autonomy of professionals. These requirements conflict at the level of the individual worker and may increase the number of burned-out practitioners in the workforce.

Finally, paraprofessional workers are the persons most often in direct contact with clients and tend to be workers with the least formal training. In this instance, it is the least skilled persons who are exposed to the lion's share of the stress associated with dealing with clients. These same members are least involved in decision making and receive less of the rewards that may cushion the effects of the client/helper stress. Thus, paraprofessional workers may be especially prone to burnout.

Summary

Burnout is seen as a stress-induced response to work-related conditions. Workers show a decreased tolerance for clients, a decrease in idealism and optimism, and increasingly withdraw from direct care work. The withdrawal

can be either psychological or physical. These and other signs and symptoms, such as insomnia, depression, poor work/job performance, and absenteeism, are a signal that something is wrong with the worker, whether the source is personal, work, or job conditions.

A primary source of stress for human service workers is the client/helper relationship. Practitioners often find that expectations of being competent, effective, and humanistic persons are not matched by the realities of the work. The abilities of the workers and the demands of the clients often are incongruent. The workers may then lose their idealism and withdraw and display the signs and symptoms of burnout.

EFFECTS OF STRESS

Given that job and work conditions create stress, what effects of this stress should be of concern to mental health agency directors, unit managers, supervisors, or practitioners" It can be argued that all living involves stress that cannot be avoided. Indeed, some stress and tension are required to motivate people, to solve problems, and to be effective. The relationships between productive uses of stress and its undesirable consequences are important but cannot be precisely documented. The relationships demonstrated in the research are only suggestive. Inferences of cause and effect depend on logic rather than scientific proof. What are some of the undesirable effects?

Effects on Individuals

Among the research studies reported at the November, 1979 scientific sessions of the American Heart Association were several studies relating psychological stress to heart attacks. The chief of medicine at Harvard University's Peter Bent Brigham Hospital stated that the "circumstantial evidence is very powerful that psychological experiences can trigger a (heart) spasm." While the precise sequence of events for this reaction is not yet known, this may help explain why approximately 400,000 people die suddenly each year with no trace of blood clots or arterial clogging. A related research study linked retirement to coronary artery disease. The study found that men who retired had a risk of death from coronary disease 80 percent greater than those who did not retire. The researchers say, "If a patient

derives his self-esteem from his work, retirement may create psychological stress which may affect the heart."[34]

These reports are part of a large body of literature on the relationships between stress and physical/mental diseases. The Stress of Life[35], Type A Behavior and Your Heart[36], Stress Disease: The Growing Plague[37], are a few examples of this literature. Stress is often cited as a precipitating factor in problem drinking, drug abuse, smoking, and over-eating. There is a significant amount of evidence which says, "Stress can make you sick." Thus, individual practitioners and managers have an investment in understanding stress, in realizing its possible physical effects, and in learning how to deal with it.

Pines and Maslach[4] have described several ways in which human service professionals cope with the stresses of working with clients. A major mechanism for coping with this kind of stress is to detach oneself from the client/helper relationship. This may take the form of using diagnostic labels for clients ("he's a schiz), of stereotyping clients negatively ("they are all crud"), and of spending less and less time in direct contact with clients. In mental health agencies it is common to find that the highly trained clinicians are spending most of their time in administrative duties rather than in direct client care. Maslach[33] reports that many clinical social workers return to school for advanced training in non-clinical work, thereby withdrawing themselves from direct care work as well as from a specific work setting.

The mechanism of withdrawal can serve to protect the worker from the demands of the situation and, thereby, allow the worker to continue to function in the work setting. Maslach calls this "detached concern." If the reaction is more intense, and the worker does not withdraw, the worker may develop negative or hostile feelings toward clients which directly impact the quality of service delivered. A cynical, dehumanized lack of concern for clients is perhaps the epitome of the burned-out worker.

Although this publication focuses on mental health workers, other occupations suffer similar tensions. Studies of police officers[38] have shown that officers not only report the same sort of negative attitudes and emotional exhaustion described above, but their wives reported increasing amounts of family problems as the officers' burnout scores increased as measured by self-reports. The use of alcohol and tranquilizers was also more frequent in those with high burnout scores. Marital strife, impaired libido, divorce, and conflicts between children and parents are common in persons subject to chronic stress.

Whether these personal and family effects of stress will be of concern to an agency manager depends on the degree to which the overall work of the staff is affected. A study of 72 community mental health workers[24] found that "average" mental health workers scored relatively low (in the 23rd percentile) on satisfaction with their work/job conditions compared to other kinds of workers. They also scored low (about the 30th percentile) regarding satisfaction with the supervision they received and with co-workers. Those employees with the lowest satisfaction scores were also found to be most ready to leave their positions.

While these findings suggest a relationship between job dissatisfaction and agency turnover rates, there are other important implications as well. One is that the dissatisfied worker will not only leave the agency but is also likely to leave the field of practice. This reduces the manpower pool of potential practitioners. The field of nursing provides an example of this effect. There appears to be a sufficient supply of trained nurses, but a significant number do not work at their profession. In spite of data indicating that the nation has an adequate supply of nurses, shortages are reported in hospitals and nursing homes where job satisfactions are the least and the stresses the greatest. While only a portion of these nurses may not be working because of burnout or job dissatisfaction, that proportion may be significant at any given time or location.

A second effect is that when a service, such as drug abuse programs, mental hospitals, or aging programs, gains a reputation for being stressful and not satisfying, it is difficult to attract personnel. It is currently becoming difficult to recruit and retain psychiatrists in community mental health centers and their number in public mental health agencies is decreasing. A frequent complaint is, "All I do is sign prescriptions and fill out forms." Many psychiatrists would prefer to do psychotherapy rather than prescribe medicine, but the needs of the clients for medication force the psychiatrists into doing the less satisfying work of prescribing medication. Apparently, psychiatrists are increasingly reluctant to seek employment in mental health centers because of the nature of the work.

Effects on Organizations

Anything that decreases workers' efficiency or effectiveness on the job is of concern to the employing organization. If stress results in tardiness, absenteeism, increased numbers of grievances, and/or decreased job performance, the program manager should be interested in its causes and take steps to intervene. While it is not possible to link burnout, job dissatisfaction, or personal maladjustment of workers unequivocally to the organization's overall productivity or efficiency, there is every likelihood that these syndromes can have damaging effects on the organization.

There are some suggestive findings regarding productivity, however. In a study of the effect of workload on both program efficiency and program output[39] it was found that program effectiveness was highest at "medium" levels of workload, but that these programs were only "medium" efficient. A "high" workload level was found to be most efficient, but the program's effectiveness was lower.

The methodology used in these studies related the services invested in each patient of those services. The data showed that fewer services were delivered to patients under conditions of both "low" and "high" workloads. "Low" workloads thus produced both least effectiveness and least efficiency. The "low" workload findings were explained as being the result of low morale in the staff as a consequence of organizational issues so that less services were delivered. "High" workload levels also resulted in less service per client and less impact on clients. This illustrates the potential relationships between working conditions, staffing levels, and productivity.

There are also some suggestive findings regarding turnover. One study found that turnover rates in welfare agencies frequently exceeded 50 percent a year[40] and noted that the welfare bureaucracy often dehumanizes workers who in turn lose the ability to act in helpful ways toward clients. The authors term this gradual erosion of a worker's effectiveness "burnout," but call attention to "worker blowout" which is characterized by high turnover rates in the first six to eight months of employment. While the study focused on job issues involved in public agencies (e.g., paperwork) rather than on the client/helper interactions, the implication is that high turnover rates result from either "blowout" or "burnout." However, by the definitions used in this publication, these are examples of job dissatisfaction rather than burnout.

Turnover is an issue of concern to most agencies because it is costly. Just how costly depends on the type of organization and the way costs are measured. Each time an employee quits there are costs related to (1) the process of termination, (2) recruitment and selection of a replacement, (3) processing a new employee, and (4) orienting and training a new employee. Specific costs have been estimated[41] for replacement of workers of various types:

- non-exempt worker, average $1,000 (1979)
- exempt worker, average $2,500 - $4,000 (1973)
- manager, average $25,000 - $30,000 (1973)
- professional level, average $20,000 (1975)
- managerial or professional, minimum $6,000 (1979)

While these estimates are not specific to mental health or human service agencies, since they were derived from the business/industry sector, they are an estimate of the cost of the problem in public human service agencies. While burnout and/or job dissatisfaction may not be the primary cause of loss of personnel, even a moderate reduction in turnover would result in significant savings.

Table 1 shows some selected turnover rates by job classification in a state mental health hospital system.[42] The turnover rates are significant in direct service positions at the aide level (MHMR aides, therapy technician assistants, licensed vocational nurses, etc.) and show considerable variation among institutions. Since it is this level of worker which has the most direct contact time with patients, such turnover provides considerable instability for patient care, as well as having a significant effect on personnel costs.

So far this publication has focused on the individual worker as the object of burnout, but the question arises as to whether an entire agency or service unit could burn out. To be consistent with the definitions, it would have to be said that organizations do not burn out; however, if most of the individuals in a service unit are burned out, the whole unit may show similar signs and symptoms. There are some types of service units which seem to be special risks for unit-wide burnout. Such high-risk units are most often found in situations involving responsibilities for life and death: e.g., intensive care medical/surgical wards; cancer, and kidney transplant units, frontline military hospital units, and suicide prevention services. A psychiatric team recently described some common characteristics of such units based on their experiences with them:[32]

- Excessive performance demands are placed on staff.
- Staff have a heightened sense of personal responsibility for patients.
- Actual decision making is different from the formal allocation of responsibility.
- Responsibility is assigned without appropriate authority.
- Nature of client problems often precludes successful outcome.

Some of the organizational signs and symptoms observed in such units are:

- High turnover
- Scapegoating of other staff members
- Increased absenteeism
- Lack of cooperation among staff
- Antagonistic group processes
- Anger at superiors
- Lack of initiative
- Decreased job satisfaction

This section considered effects that are primarily organization-oriented rather than individual-oriented. The symptoms may also be understood as an "organizational distress syndrome"[43] rather than a burnout syndrome. Nevertheless, the signs and symptoms signal that something is wrong.

Frequency of Occurence

The importance of burnout and job dissatisfaction to the manager will depend on how frequently they occur, how severe they are, and their effects on organizational performance. The determination of just how expensive the

effects of these syndromes are will depend on how they are measured. If turnover rates are selected as one indicator of job dissatisfaction, dissatisfaction will probably be found to exist throughout any system of mental hospitals, as shown in Table 1. If other indicators are added (e.g., grievance proceedings, productivity measures, absenteeism), it is likely that the agency will get a clearer picture of the impact of dissatisfaction in the agency. The agency-wide use of such measures will give some indication of the overall extent of these problems, but it may be more useful to apply the measures worker-by-worker or unit-by-unit to obtain greater specificity of the extent and causes of the problem.

It is not within the scope of this publication to survey all of the available reports on job satisfaction, burnout, or personal adjustment in employees. It is sometimes difficult to secure agency-wide or system-wide data on the personal problems or mental attitudes of individuals because of privacy and confidentiality concerns. Agency directors should be understandably cautious and careful about collecting and using information about the attitudes and mental states of their employees. Such studies should be conducted only after careful planning and when the agency is prepared to take some appropriate action on the findings. The extent of job dissatisfaction is likely to be found to be surprisingly high. After such a study employees will expect some action to be taken or they are likely to feel that they have been only manipulated by management. As an illustration of the extent to which such symptoms may exist, a study to determine the incidence of burnout in 14 institutions for the mentally retarded found job dissatisfaction or burnout in

as many as 30 percent of the staff in some of the institutions.[2] Altogether 724 individuals were surveyed. Several types of questionnaires were used to collect data:

- Facility questionnaires - completed by the superintendent regarding staff/patient ratios, turnover rates, etc.
- Personal, demographic data forms - completed by staff regarding age, sex, years in position, etc.
- Work-related opinion questionnaires - completed by staff regarding their perceptions of job autonomy, supervision, etc.
- Overall job satisfaction questionnaires - completed by staff using items from a standard attitude scale.[29]
- Desire-to-leave-job questionnaire - completed by staff on a seven point scale of how likely they were to leave the job.
- Burnout questionnaire - completed by staff on a seven point scale of how often they experienced nine types of "feelings" about their work.

The prevalence of "burnout" is shown in Table 2 for each of the 14 facilities and by various kinds of workers. In addition, Table 3 shows the prevalence of "burnout" by type of position for all 14 facilities.

Table I

Selected Turnover Rates for One State Hospital System - 1977

(Figures are Percents)

Direct Care Titles	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
Psychiatrists	25	69	29	68	29	9	18	65	24	--	--	--	--
Psychologists	28	8	21	16	27	16	51	13	--	--	24	--	50
Caseworkers	36	30	31	46	11	19	32	31	22	13	33	55	35
Registered Nurses	29	33	16	16	20	45	24	36	23	--	49	--	35
Licenses Vocational Nurses	50	49	61	31	18	33	60	24	32	23	73	32	62
MR Aides	85	104	103	44	15	66	100	60	55	40	55	46	30
MR Assistants	34	34	18	21	10	21	40	17	19	--	12	36	--
MR Specialists I and II	38	16	3	17	9	12	--	20	9	--	--	--	--
MR Supervisors I and II	41	--	--	10	8	64	--	--	--	--	--	--	6
Therapy Technicians I and II	28	16	--	37	6	36	--	13	10	106	39	15	--
Therapy Technicians II	30	16	30	38	6	30	--	--	--	29	22	--	20
Therapy Technicians III	25	--	--	19	24	--	74	18	31	26	18	--	--

Table 2

Percent of Burnout by Facility and Position Category

Facility	Position Category		
	Administrative	Professional	Paraprofessional
1	0%	5%	23%
2	17	17	0
3	5	17	0
4	11	20	33
5	6	9	30
6	15	10	0
7	26	19	16
8	33	31	33
9	5	17	21
10	12	5	15
11	15	17	5
12	10	5	13
13	5	10	29
14	29	22	6
Average	13	18	16

Table 3

Prevalence of Burnout by

Position Type

Personnel Type	Number	Percent Burnout
Administrative:		
Department head	66	10.6
Unit director	77	22.1
Administrative/support	92	5.4
Professional:		
Social worker	36	16.7
Psychologist	18	5.6
Teacher	33	27.3
Speech therapist	12	8.3
Physical therapist	13	30.8
Registered nurse	29	20.7
Licensed practical nurse	14	7.1
Recreation (therapist)	13	23.1
Behavioral technician	13	7.7

"Burnout" occurred in all institutions and all job categories. The highest prevalence of burnout was in the professional category. There were four facilities that had burnout scores greater than the average, and these had significantly higher average turnover rates than the average of the remaining facilities (48.8 percent vs. 17.0 percent).

In another study of 132 full-time direct care staff in 31 community agencies for retarded adults, over 50 percent of the staff stated that they felt they were burned out.[44] In this study the staff member's own judgment was used to identify the work pressures which resulted in a "significant decrease in the ability to perform job-related duties." Personal problems, client/work characteristics, and administrative/job pressures were all judged to contribute equally to burnout in the opinion of the staff. (It should be noted that the distinction between work and job stresses was not made in the study cited.)

These reports indicate that a significant amount of negative feelings may exist in any workforce, representing a potential effect on worker performance, desire to leave the job, and strain on psychological health. Such feelings occur in all types of staff, not only direct service workers. Although this publication confines the term "burnout" to the work/worker interaction, the overall extent of the negative feelings suggest that whether the problem is employee maladjustment, burnout or job dissatisfaction, it is worthwhile for the manager and the manpower development specialist to be aware of these syndromes and to be sensitive to their waxing and waning in order to prevent them whenever possible or address them positively when they become significant problems.

WHAT CAN BE DONE ABOUT PERFORMANCE ?

One of the tasks of managers is to monitor the performance of the unit for which they are responsible, to diagnose problems, and to develop solutions. In this context managers need to note the presence of symptoms (e.g., turnover, absenteeism) which signal that something is wrong, identify the signs that point to stress--personal, work or job--and develop actions to modify these problems and their effects on the work force. Action strategies fall into three broad categories: increase the coping skills of the workers, reduce the intensity of the stressors, or develop mechanisms to reduce the effects of the stressors.

It is usually not possible to identify symptoms that result from specific personal, work, and job stresses and so it is not possible to write prescriptions that will apply to every situation. The problem must be looked at from both the worker's and the organization's perspective on the assumption that both the individual and the agency have some responsibility in identifying and resolving stress-induced behavior. As this publication is concerned with manpower development and with "improving the effectiveness of the work force," many of the following suggestions are viewed from the organizational perspective.

The first step in all cases is to recognize that personal, work, and job stressors exist and have real effects on the performance of workers.

Dealing With Personal Life Stressors

The symptoms of personal non-work-related stress may be the easiest for the organization to identify. For the most part these stresses manifest themselves as rather sudden and unexplained changes in worker behavior or in unusual deviations from the accepted standards of behavior. Thus, a worker may show a marked decrease in productivity or suddenly develop a pattern of tardiness or absenteeism. A significant clue to personal life stress is when the signs and symptoms occur in single individuals while others on the staff continue to behave in their usual and acceptable patterns. Personal problems, such as financial difficulties, marital conflict, problems with children or aged parents, and physical illness, may occur to anyone. They are likely to affect persons at all levels and in all divisions of the organization in an almost random pattern.

Because personal life stresses are so common, many mental health agencies anticipate these behaviors and advise and train supervisors to identify and counsel workers who show such symptoms. Some agencies have developed formal employee assistance programs to which supervisors can refer individuals with personal problems, such as alcohol or drug abuse and family conflicts. Such programs include counseling and psychotherapy. Other agencies prefer to refer employees with such problems to outside resources, such as family counselors, private physicians, or psychiatrists, depending on the nature of the problem.

Increasingly, mental health agencies as well as business organizations are setting up programs to help their employees to recognize and manage

stress, whether the stress results from their personal life problems or from work- or job-related problems. These programs include health education for employees, which encourage them in good nutritional practices, adequate rest, regular exercise, the appropriate use of leisure time, and the use of techniques to "decompress" between work life and non-work life. Other organizations have gone even further in providing elective courses in such stress management techniques as yoga, special relaxation methods, biofeedback, and meditation. All of these techniques require that the individual develop some self-awareness and sensitivity to feelings of stress as well as appropriate responses. All of these programs are based on the notion that workers bear some responsibility and should be actively involved in their own stress management. These programs are directed to helping individuals deal with the stresses or increase their resistance to stress, but they do not modify the stressors.

However, these techniques are less likely to be helpful to workers who are showing advanced signs and symptoms of stress as a result of major personal life stressors. For these persons it is necessary to have supervisors and managers trained to identify the signs and symptoms of overly stressed workers and to provide appropriate support or referral. The agency must have an awareness of the need for such training of supervisors and a set of policies and procedures for handling the stressed workers who are discovered.

Dealing With Work-Related Symptoms (Burnout)

The major signs and symptoms of work-related stress are loss of concern for clients, loss of commitment and increasing withdrawal from clients and the work situation. This is the set of signs and symptoms we call burnout. It is more likely to occur in direct-care staff than in administrative and support staff although it occurs in those positions as well. These symptoms are likely to appear after a worker has been working with clients for some time (6-12 months). In part it results from the frustration of not being able to achieve the results one had expected with clients and from the dissatisfaction of having clients who not only do not show improvement, but who also express little gratitude for the efforts of the worker or are openly critical or hostile to the worker. We have noted earlier that "working with clients" is cited as a major source of reward for human service workers, but this is likely to be the case only when the work is going well and clients are progressing.

Pre-service training programs often establish unrealistic expectations in their graduates. New workers are likely to come out of school filled with idealism about the changes they expect to achieve in their clients and in the systems in which they work. They are taught to believe that their therapeutic techniques will be universally successful, but the world of real clients is one in which there are many complications and limitations. Not all clients are motivated to improve; not all are capable of full recovery. Many are uncooperative, and many relapse or drop out of therapy. Systems are hard to change, and workers often find that they must play social control roles rather than systems change roles. This conflict between the worker's

expectations and the hard realities of human service work leads to a crisis in the worker. At first it appears as feelings of frustration and desperation ("I can't take it any more!") and then as apathy and the syndrome of burnout.

The training programs for mental health/human service professionals and paraprofessionals should be more aware of the client problems their graduates will face when they go into practice and prepare them for these realities. Training programs could also deal with such topics as writing treatment plans, goal setting, and record keeping as these activities are carried out in organized care settings. With some anticipatory guidance, the graduates would be better prepared for these realities and might then be able to avoid the burnout syndrome. There should be seminars in which the realities are presented and discussed so that they do not go into the work setting with such incongruent expectations and, consequently, with such vulnerability to disappointment. Agencies should include these realities in their orientation and in-service education programs for all workers.

As noted earlier in this publication, a major source of tension in any new job is the lack of skills to perform adequately. If new employees do not know how to deal with special problem clients, it is not surprising that they use the general techniques that they have been taught whether or not these techniques are appropriate for this group of clients. Preservice and in-service training programs should expose workers to a variety of techniques for working with special problem clients, especially techniques that are known to be more successful for certain kinds of clients (e.g., behavioral approaches for the mentally retarded). Too often training programs have

concentrated on a single therapeutic technique, such as one-to-one psychotherapy, which is not the most effective or efficient approach for many conditions. In addition to specific techniques for dealing with clients, there are many other skills the worker must have for working with community agencies and other specialists to obtain services which may improve the functioning of their clients. Often training programs have neglected these non-treatment skills.

Some burnout could be prevented by more careful recruitment of workers. Prospective candidates for employment can be made aware of the realities of the work through slide presentations or videotapes of a typical day or of typical clients. Special efforts should also be made to detect any attitudinal hang-ups the prospective employees may have about the kinds of clients with whom they will work. If their attitudes are unrealistically high or inappropriately negative, they probably should not be employed.

In-service training programs should concentrate on the skills that workers need in working with clients who are often difficult (e.g., alcohol or drug abusers, the aged, the chronically ill, the offender) if such clients are part of the caseload. The generic skills of intervention are only moderatley successful with such clients, but experienced workers can identify many specific pointers that a worker can use to improve the effectiveness of his or her work with specific groups of clients. There should be planned opportunities to share these experiences. These extra insights and skills, provided to new workers early in their work experience, will be more likely to make their work more successful and satisfying.

Also new workers should be introduced to the job with moderate case loads so that they can grow into their new responsibilities over a period of time rather than having heavy case loads thrown at them from the start. This is also a time during which supervisors should be especially attentive to the new workers' problems and especially alert to feelings of frustration which may be developing. Special support at this stage will help prevent burnout.

For workers who have long been on the job with the kinds of clients who are known to be especially frustrating, it may be well for the manager to consider rotating assignments so that the workers have periods of relief from the stresses posed by those kinds of clients. Such "respite" assignments may be helpful and refreshing even for those workers who are successful and satisfied in working with those clients. A change of this kind may provide for a kind of renewal as well as helping to avoid burnout. This is a useful approach for the manager to use for workers who are already showing signs and symptoms of burnout. Such a rotation of assignments also provides the workers an opportunity to gain a wider variety of skills and experience which is an advantage for them as well as for the agency. Planned programs of this kind frequently operate under the name of "cross training."

Obviously such rotations should not be made so frequently that the clients must adjust to new therapists every few weeks or so frequently that the workers never really get to know their patients/clients. This sometimes happens in hospitals when psychiatric aides are rotated from ward to ward and shift to shift every few days. Such a schedule of rotations must be tailored

to the special schedules and needs of the agency and the clients as well as to the needs of the workers, but such breaks in routine can be a useful mechanism to provide time for workers to regroup and refresh themselves.

In especially trying times it may be desirable to provide "time outs" for workers when the situation becomes particularly stressful. The "time out" may be an hour or a day, without expectation that the time will have to be paid back. There must be official recognition that a "break" is needed and that it is legitimate under appropriate circumstances. Emergency time outs will require procedures for sharing the client load of the absent workers. This requires an understanding that other staff members will pick up part of the work load during these times. The notion is that the entire staff of the unit shares responsibility for the care of clients, not just a single staff member. This spreads the burden of the stress and makes it lighter for each individual.

Almost all of the literature on burnout emphasizes the use of support groups to prevent and/or decrease the incidence of burnout. "Support groups" provide the opportunities for staff to share with each other the reactions and feelings they have about work issues, and to establish an awareness that colleagues can be called on to help. Support and understanding are as important for professional colleagues as they are for clients. Developing the environment for such social support is a prevention strategy as well as an early intervention strategy. As trite as it may sound, having the opportunity to verbalize problems and frustrations is the first step in dealing with them.

Informal staff groups develop in almost every workforce. People talk about their jobs and their work over coffee and in non-working hours over a beer. However, such informal groups are not always recognized as performing a staff support function and usually do not have any recognition by the agency. Agency recognition can be crucial in the development of staff support activities oriented toward decreasing work/job stress. Recognition by the agency implies an acceptance of the idea that workers are stressed and it is legitimate to discuss it. Formal recognition also allows the agency to establish the ground rules for the use for such groups.

As an example, one large general hospital, which cared for large numbers of severely ill patients, had nurse specialists (e.g., cancer, neurology, mental health) who were available to all the wards of the hospital. The mental health specialist could be called on to assist with the emotional problems of patients and their families and the specialist could also be called on to deal with the staff's emotional reactions to work issues (e.g., patient deaths, patients with severe disabilities). The hospital also provided opportunities for staff to discuss job issues through planned short "courses" on communication of interpersonal relations. These courses were tailored to the needs of each ward and were conducted by a supervisory level nurse knowledgeable in group process. Thus, each ward had stress-reduction resources available.

When the management of the hospital changed, these programs were terminated because they were viewed as being unproductive and not service-oriented. The staff complained about the loss of support (a few employees quit) and soon

developed similar activities under guises that did not draw management's attention. This example illustrates that (1) various types of staff support programs can be utilized by the agency to deal with work/job stress and (2) staff will often develop support activities whether legitimized or not.

In summary, a number of strategies can be suggested which may reduce stress and increase coping skills:[3,4,31]

Reduce Stressors

- Shorter working hours in direct client contact.
- Rotate assignments to avoid having the worker carry out the same tasks over and over.
- Provide mechanisms for sanctioned time out (e.g., develop a mental health day) and time away from work (vacation).
- Provide procedures for joint handling of problems so that a single individual is not always totally responsible for a client or group of clients.

Increase Coping Skills

- Provide adequate supervision for both clinical and administrative tasks.
- Establish an environment within which staff can share experiences.
- Develop mechanisms for staff support through peer group, supervisor, or consultation.
- Provide in-service training for work skills required.

There are paradoxes in implementing some of these strategies. For example, decreasing the number of direct contact hours that workers spend with clients reduces the quantity of services delivered to clients and perhaps the productivity of the agency. In many mental health agencies there is great pressure to increase the number of units of service delivered in order to survive in tight economic circumstances. The manager's task is to strike a balance between maintaining productivity and overloading clinical staff to the point of burnout.

Dealing With Job-Related Stresses

By job-related stresses we refer to those stresses that result from problems within the organization or the setting within which workers carry out their work activities. This is probably the most common source of worker frustration and dissatisfaction which can lead to symptoms similar to those of burnout. It also leads to other serious employee relations problems, such as grievance filings, sick-outs, and strikes. Job-related stresses are frequently the direct result of management decision and procedures and thus are amenable to changes by management. Sources of job-related stresses include the ways in which the work is organized into jobs, styles of communication within the organization, patterns of supervision, working conditions, inequities in pay schedules, and policies or procedures which lead employees to feel that they do not have a sufficient authority for what happens in the treatment programs for their clients.

Job-related stresses are likely to show up simultaneously in large numbers of workers in the organization. At times these will be workers in

the same job class or on the same shift. The manager must be alert to the early symptoms of job-related stresses and employee dissatisfaction, such as increased numbers of employee complaints, increases in tardiness and absenteeism, and decreases in overall organizational productivity. Perhaps the earliest sign of dissatisfaction is an increase in staff complaints which, at first glance appear plausible but turn out to be trivial. A second phase may be an increasing number of complaints about other units or co-workers not doing their jobs. When the symptoms of job dissatisfaction are limited to those employees who work under a single supervisor or in a single unit, the manager has an indication of where the trouble lies. But, often the problems are more pervasive and require an analysis of the overall organizational climate, procedures, and management style. Because the manager is often part of the problem, it may be especially difficult for him or her to perceive the difficulties and make the necessary changes. This requires a particularly sensitive manager.

One of the major issues that results in job dissatisfaction and stress is the way in which the work is organized into jobs for workers. There are several ways in which the work of a agency can be organized into individual worker's jobs. The literature indicates that workers are more likely to be satisfied when they see their work as meaningful, when they feel responsibility for the outcome, and when they receive feedback about results. (See reference 45 for a brief review of the literature.) The organization takes on various forms depending on whether work is organized by purpose or process or place or clientele to be served. A very common approach, stemming from the

"Scientific management" movement of the early 1900s, is to break the total enterprise down into highly specialized tasks which are then assigned to individual workers. This is the model of the assembly line and it is often used in human services (e.g., the medication nurse, the eligibility worker). The jobs are designed for maximum specialization and efficiency. This job structure has a tendency to make automatons of the workers, and has been shown to lead to dissatisfaction. Many industries are abandoning this highly specialized task-oriented approach to job development, and are now packaging work into more varied and meaningful units for individual workers and groups of workers.

A similar approach, which has been commonly used in mental health agencies, is to develop jobs around individual professions and to limit the activities of each profession or occupation (e.g., nurses, nurse aides, social workers, social work case aides) on the basis of credentials. This organization of work has become less useful as the mental health agencies have become less committed to the medical model and as the various professions have assumed a large number of common technologies, such as group therapy and counseling. When the agency uses the approach of defining jobs according to professions, the workers tend to feel that their primary allegiance is to their profession, and they resent tasks or assignments that they feel are not appropriate to their profession. Because the work to be done in an agency seldom comes in neat packages, this issue becomes a source of dissatisfaction for workers.

Another approach to job development is to organize jobs around major functions of the agency (e.g., intake, therapy, rehabilitation, consultation

and education, aftercare). This provides workers with a more coherent job which may result in greater job satisfaction. It also makes communication and coordination between functions more necessary.

Still another approach to organizing human services work into jobs is to focus jobs around individual clients or small groups of clients. In this case, the worker's job is to do whatever needs to be done to solve the problems of individual clients/families or small groups of clients. This has been called the "generalist" model. In the human services, this job has been recently titled the "case manager." It is an approach that provides a higher level of interaction between worker and client and thus tends to produce higher levels of worker commitment and responsibility. This higher level of commitment may also expose the worker to higher risk of burnout.

In any case, whatever pattern of job development is chosen must be made clear to the workers in the position and to other workers in closely related jobs or there will be conflicts and stresses. This is especially likely if different approaches are used for organizing the jobs of different workers on the same unit (e.g., some jobs established as "social workers" and others as mental health "generalists").

The manager should consider the following steps to minimize job-related stresses:

- Develop individual position descriptions to avoid role ambiguity and role conflict and to clarify the expected results. Jobs should allow for as much variety, autonomy, and responsibility as possible. Make sure that authority matches responsibility.

- Establish mechanisms to provide feedback to workers about their performance in relationship to the organization's goals. This mechanism may be part of a performance appraisal program or supervisory procedures but it must be done often enough to reinforce good performance. If workers receive feedback only about performance deficiencies, it is likely that job satisfaction will decrease.

- Work and organizational units should be designed to have as much functional autonomy as possible. This encourages the staff to participate in decisions that affect them. The worker's feeling of being in on decision making is a primary contributor to job satisfaction.

- Provide a way for workers to develop the needed job skills through staff development and continuing education activities. All employees need specialized skills beyond those taught in professional schools. Staff development programs can be used to enhance the flexibility and effectiveness of workers and to prepare them for advancement.

- Provide opportunities for flexible work schedules--flextime, staggered work hours, job sharing--that allow workers to better accommodate personal needs to agency needs. Flexible work schedules can also be used to accommodate clients who cannot come for treatment during "normal" working hours.

- Provide for high quality supervision. It has been noted that 80 percent of worker grievances are about or in control of the immediate supervisor. Supervisors should be trained for their supervisory skills and they need to be deligent about their work. The manager should be clear about what kind of supervision is to be provided. In industry, supervision tends to be a process of monitoring employees' work for predetermined standards of quality or quantity. In some human service professions, supervision is a process akin to parenting, in which the worker is made dependent on the supervisor for every judgment. Most appropriate for workers in mental health agencies is a pattern in which the supervisor acts as a teacher and consultant, but also checks to assure that standards are being met.

General Organizational Issues

These are all steps that the managers could take to reduce job dissatisfaction and to improve job satisfactions. Given the preceding suggestions for intervention, what should the first step be?

An initial approach is to conduct a formal job satisfaction study in which employees are asked to respond anonymously to questions about various aspects of their jobs. But, as noted previously, most experts recommend caution about job satisfaction surveys unless the agency is prepared to respond to whatever major dissatisfactions are revealed, because otherwise employees may feel that they are being manipulated by management.

It may be more helpful for the manager to do some selective and sensitive reconnoitering with key persons (e.g., persons filing grievances, union representatives, natural leaders among employees, key supervisors). This should be done in an atmosphere of mutual problem solving--not as conspiratorial interrogations. Legitimate problems of job dissatisfaction should be addressed as soon as they manifest themselves and not allowed to fester.

Within the past 10 to 15 years there has been an increasing interest in the "quality of work life." As in other research into job satisfaction/dissatisfaction, most studies have been conducted in private industry and business rather than in public agencies or human service organizations. In the context of industry, the interest in work life is typically sparked by unions looking to improve the human conditions of workers or by management looking to improve the productivity of the enterprise. These intended

effects are frequently seen as either/or alternatives. A recent review of work innovation programs[46] offers some guidelines when considering the organization or reorganization of work.

In this review, three aspects of a work improvement are identified. First are the techniques used to design, manage, train, reward, and supervise work. The second is the work culture, which includes the attitudes, values, trustfulness, or expectations of the work force. The third is the results expected which are usually stated in terms of human or organizational criteria (e.g., worker self-esteem or lower turnover). In successful work change programs it appears that both human values and agency objectives must be taken into account. If the change in job conditions does not improve the work environment, employees frequently do not change their attitudes and do not increase their productivity. If the change does not improve agency operations, the managers and supervisors do not support the changes. The design or redesign of work requires that the techniques used (e.g., promotions) be consistent with the existing values of the work culture (e.g., reward of high skill levels) and that both human and agency goals be considered.

The stimulus for changes in work organization may be decreasing productivity, decreasing resources with a need for retrenchment, the initiation of a "new" program, or the results of an agency survey regarding worker job satisfaction. Although the problems in designing changes in "new" and "old" programs may be different, both should be "checked out" in the context of specific work culture involved. The concept of participatory management does

not mean the workers decide management questions but rather that they have input to decisions that effect them. As in other situations, individual participation increases the likelihood of "ownership" of the program.

Summary

In most of the foregoing comments, the focus has been on the signs and symptoms of personal, work-, or job-related stress and have made some suggestions as to how these might be dealt with. In this last section on organizational issues we have tried to relate the issues of stress to the broader concerns of the relations between employee and work life. In so doing we enter the realm of relative benefits and values: Is is better to shorten the work week or improve worker compensation? Should workers be rewarded for production or skill acquisition? Should nurses work from 7 a.m. - 3 p.m. or 9 a.m. - 5 p.m.? Are the rewards of one-to-one psychotherapy with outpatient clients greater than assisting chronic clients to be self-sufficient?

In raising these questions one begins to look at the basic issues of how work is organized and of how people behave in various job environments. The effects of environmental conditions on human behavior has been called "ecological psychology."[47] One aspect of the work environment which affects the people in it is the number of persons available to do the work. In mental health this concern is usually discussed under the heading of "staffing patterns."

Any specific staffing pattern is the consequence of a variety of issues including the purpose of the agency and the organization of work. Understaffing, which initially may lead to more coping behavior on the part of the workers and a feeling of "being needed," may later result in physical and emotional fatigue and loss of job involvement. Thus, the relationships between staffing and job satisfaction and burnout do not remain fixed but vary over time. Management must periodically monitor the performance and stress reactions of the work force in order to adequately assess the issues of staffing, job design, and productivity.

CONCLUSION

The purpose of this publication is to call the reader's attention to the potential effects of personal, work, and job stressors of the workforce. All workers are at-risk of stress-induced problems resulting from personal life stressors or job stressors, but human service workers are at unique risk of "burnout" from the demands of the work they do with clients. Managers of agencies must be alert to the conditions causing these problems in their workforce. Preventive and protective measures may be taken to lessen the effects of stress. Jobs can be redesigned, and other organizational strategies can be used to intervene once the sources of stress are uncovered. A human service agency should have an interest in the health of its employees similar to that which it has for its clients.

The critical elements for the organization seem to be:

- Be alert to the possibilities for stress problems.
- Institute preventive mechanisms when possible.
- Take prompt actions to resolve the stresses when they are discovered.

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